

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000001968  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 PM 4:30

1. DOCUMENT # L01000001968

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001390 01 FP 0.352 \*\*PRSR T5 D 0615 33040-462337

FAST CAT, LLC

3637 EAGLE AVENUE  
KEY WEST FL 33040-4623

300009228203  
11/26/02--01079--002 \*\*150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

02/05/2001

Principal Place of Business

3637 EAGLE AVENUE  
KEY WEST FL 33040

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

52-2337173

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MITCHELL J. COOK, P.A.  
3706 N. ROOSEVELT BOULEVARD - SUITE I  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Mitchell J. Cook*

Date 12/13/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| Member   | Bernard Eymann                       | 3637 Eagle Ave                                    | Key West FL 33040  |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

REINSTATEMENT

02

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Bernard Eymann*

Date

11/24/02

Daytime Phone

305-304-2356

Typed or printed name of signing Managing Member/Manager